

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 552459

FILING DATE

APPLICANT(S)

8/14/04

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4		3				
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18						
19	0	8				
20						
21	1		1			
22						
23			1			
24	1		1			
25						
26						
27	1		1			
28	1		1			
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	26	↔	24	↔		↔
TOTAL CLAIMS	30		28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.				↔		↔
TOTAL CLAIMS						